

**Update my Family Online Account Information Only.**  
Please write your Login ID: \_\_\_\_\_

# Recreation Division

## Family Online Login & PIN Request Form

Customer Service: (650) 903-6331

Fax: (650) 962-1069

E-mail: [recreation@mountainview.gov](mailto:recreation@mountainview.gov)

**New Accounts Only!** Please send my Login & PIN by:

E-mail     Mail     Phone

main contact information (adult / parent / legal guardian):

**PLEASE PRINT CLEARLY**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_

E-mail (required) \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship \_\_\_\_\_  
First Last

Emergency Contact Phone Home Phone (\_\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_

Please list immediate family information below to be included in your Family Account. **Only immediate family members can be included in your account, such as your spouse and/or children.** Unfortunately, grandparents, nieces, nephews, friends cannot be included in your account. Staff cannot add anyone who is not an immediate family member to the account.

immediate family members – first and last name	birthdate	gender	entering grade

For the participants mentioned above, list any Allergies, Medication(s), Health Concerns, or Special needs:

Participant's Name \_\_\_\_\_

photo release: By affixing my initials here: \_\_\_\_\_ I DO NOT agree nor grant the City of Mountain View permissions to use my and/or my child's photograph or likeness, or that of a pet or personal property, for promotional use in any City related media.

waiver & release: In consideration of participation in a class or activity offered by the Recreation Division of the City of Mountain View, I, the below signed, agree to indemnify and hold the City of Mountain View harmless and hereby waive, release and discharge any and all claims for loss or damage, for death, personal injury, bodily injury or property damage which I may have or which hereinafter may accrue to me against the City of Mountain View, its City Council, employees, agents, and volunteers for any liability arising out of or connected in any way with my participation in this class or activity, even though that liability may arise out of negligence or carelessness on the part of the person or entities mentioned above. I understand that accidents and injuries can arise from participation in this class or activity; knowing the risks, nevertheless, I hereby agree to assume those risks on behalf of myself, my heirs and assigns and to release and to hold harmless all of the persons or entities mentioned above who (through negligence or carelessness) might otherwise be liable to me (or my heirs or assigns) for damages. Further, I understand that the City of Mountain View, its City Council, employees, agents and volunteers, are not responsible for the personal property of the participants in the class or activity. It is further understood and agreed that this waiver, release and assumption of risks has been freely entered into and is to be binding on me and on my heirs and assigns. I have read and agree to the registration and program policies. By my signature below, I acknowledge that I have read this document and understand its contents.

Signature: x \_\_\_\_\_ Date \_\_\_\_\_ Parent  Legal Guardian  Participant

**MOUNTAIN VIEW RESIDENTS:** Please include ONE acceptable Proof of Residence with this form.